

INFORMATION DISCLOSURE STATEMENT

Applicant	:	David Follansbee
App. No.	:	Unknown
Filed	:	Herewith
For	:	PREVENTION AND TREATMENT OF ALLERGIES BY HELMINTHIC REGULATION OF IGE
Examiner	:	Unknown
Group Art Unit	:	Unknown

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 which lists 7 references that were cited in PCT Application No. PCT/US02/16517, filed May 23, 2002, which is the parent of the above-captioned Continuation application, and is relied upon for an earlier filing date under 35 U.S.C. § 120. Copies of the references are enclosed.

This Information Disclosure Statement is being filed within three months of the filing date of this application and no fee is required in accordance with 37 C.F.R. § 1.97(b)(2).

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: Nov. 21/03

By: S. A. M.

Salima A. Merani

Recognized under 37 CFR § 10.9(b)

Customer No. 20,995

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FORM PTO-1449	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTY. DOCKET NO. DAVFOL.002C1	APPLICATION NO. Unknown
INFORMATION DISCLOSURE STATEMENT BY APPLICANT		APPLICANT David Follansbee	
(USE SEVERAL SHEETS IF NECESSARY)		FILING DATE Herewith	GROUP Unknown

U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)
1	4,568,639	02/04/86	Lew			
2	5,618,532	04/08/97	Tripp et al.			
3	5,656,273	08/12/97	Amiri et al.			
4	5,686,080	11/11/97	Tripp et al.			
5	5,730,984	03/24/98	Tendler et al.			
6	5,776,758	07/07/98	Hamamajima et al.			
7	5,863,775	01/26/99	Atkinson et al.			

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
	*						

EXAMINER INITIAL	OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)	

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112103

EXAMINER	DATE CONSIDERED
*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.	